

## PREVENTION & OUTREACH SUBCOMMITTEE **DRAFT** MINUTES

July 25, 2019 –2:00 PM

Post-Acute Medical Rehabilitation Center

Conference Room

Dover, DE

### **QUORUM MET -- 7 OF 9**

**PRESENT:** Christine **Applegate**, **CHAIR**, RN Navigator, Bayhealth Hospital; Andrew **Burdan**, Brain Injury Advocate/Support Group; Tammy **Clifton**, Senior Vocational Rehabilitation Counselor, DVR; Dorothy **Prior**, Psychologist, DDDS; Nancy **Ranalli**, Easterseals; Carey **Swartzentruber**, Survivor; Tiffani **Taylor**, PAM Rehabilitation Center; and Amber **Rivard**, SCPD Support.

**ABSENT:** Thomas **Cairo**, Bayhealth Neurosurgery; Sharon **Lyons**, President, Brain Injury Association of Delaware;

**GUESTS:** (Not able to vote or count toward quorum)

**IN-PERSON** – N/A

### **CALL TO ORDER**

Christine called the meeting to order at 2:15 p.m.

- Christine acknowledged the three new members of the Prevention & Outreach Subcommittee – Dorothy Prior, Tiffani Taylor, and Carey Swartzentruber.

### **OLD BUSINESS**

- Christine reminded everyone that during the first subcommittee meeting, members discussed the need to develop uniform talking points for either mailing letters out or for whatever other method members decide to use to get the word out to primary care providers and neurologists. She asked members if anyone thought of anything since our last meeting.
  - Christine mentioned that Dee provided a nice package of information for the subcommittee members to review stating that she really likes all of it. If this subcommittee can create a form letter to include with these handouts for providers to make additional copies for dissemination it is a good beginning.
  - Tammy advised that the Brain Injury Association of Delaware (BIAD) previously provided Delaware Neurosurgical with informational brochures and flyers on concussions and brain injuries quite a while back for their waiting area. Tammy checked while in their office yesterday and stated that all of the information was gone. While she hoped this was a good thing and was happy about it; the information is gone and now there is no information available for patients to pick-up. She did not

take the time yesterday to address the missing information because she knew this subcommittee is working on creating information packets for medical providers, rehabilitation and critical care facilities.

- Christine inquired about uniform talking point suggestions to include in a form letter so members do not have to physically go door to door trying to speak with the appropriate person at each provider location. Unfortunately, this subcommittee does not have enough people to physically do that. It is probably best to create uniform talking points for inclusion into an introductory letter to send out along with informational brochures and flyers. Christine suggested including social service centers.
- Nancy Ranalli inquired about a plan “B” for getting the word out. Will subcommittee members provide Dee with a list of places to send the introductory letter from the State Council for Persons with Disabilities (SCPD) office? We have to figure out if the SCPD has available funding for this amount of mailing. Funding availability will definitely make a difference as to how much information we try to send in packets. Also how do we as a subcommittee then get back in touch with the recipients to provide additional or updated information? This may be more in the weeds of where we need to be logistically; however, realistically we all have jobs.
  - Christine thought about getting the word out on more than the Traumatic Brain Injury Fund by including information on different brain injury services. **ACTION ITEM:** Could we do different radio talk shows, Delmarva LIFE or something similar? This would offer another way to get the word out to masses of people at one time. She does not believe that they charge anything for participating in their broadcast to provide information. **ACTION ITEM:** We need a volunteer to contact radio talk shows and Delmarva LIFE to set-up a time to talk and share information on brain injury services in Delaware. Who will do the actual talking?
- Tammy provided a recap stating that we discussed different formats of presenting information and partnering up at some point to go out and share information in person. She is aware that it is going to be tough with everyone working. We also discussed providing information electronically which is probably what inspired Dee to pull together all of these flyers and info sheets. Another way is to target radio stations and television. Today, when discussing talking points are we thinking more of how we want to initially present ourselves when we make contact? Christine responded yes. Are we going to focus on the first initial contact? What kind of information do we want to provide to whomever we are talking to for initial education.
  - Nancy suggested formatting information specifically to types of doctors, therapists, traumatic therapists, etc., so that questions about traumatic brain injuries will receive an information sheet on traumatic brain injuries with our talking points. The subcommittee should format the introductory letter generally for everything and then just send balance problems to therapists in the area, neurotherapists of course would receive other traumatic information. Categorize information to target it specifically for

the type of contact being made avoids inundating them with tons of handouts and provides information specific to them and their practice. Perhaps we should create an excel spreadsheet of all the doctors and the types of brain injury information that we want to provide. We can contact them by store front, outpatient therapists, primary care providers, cardiologists, orthopedic and other providers who are not typically knowledgeable or up to date on brain injuries but who still see and treat brain injury survivors. Just because a survivor is going to a different doctor doesn't mean that their symptoms are any different. Providing information to medical providers other than neurosurgeons is a benefit because it increases awareness that traumatic brain injuries require acute therapy and rehab not short-term therapy.

- Andrew reminded everyone that we are not necessarily talking to neurosurgeons. It is the office staff and administrators who we need to target to ensure that someone in the office knows that information is available to copy and hand out. Christine advised that the nurses providing patient education also need this information.
- Who would know the least about this? Nancy suggested that the therapists who do brain injury, neurologists, and neuropsychological evaluations already know about services. If a patient has post-concussive issues or their brain injury occurred over a year ago with residual neuropsychological issues from repeated past concussions but they are just now just seeing their primary care physician, she believes that these are the providers who need to know that perhaps a patient's symptoms could result from a brain injury and here are available resources. Nancy inquired if this subcommittee should start with providers who know the least about brain injuries to provide them additional information or should the subcommittee start with people who know some things in order provide them with some additional resources?
- Andrew felt that eventually this subcommittee should reach out to both. However, Nancy raised a very good point about people who need raw education. Do they even know what a brain injury is? He mentioned that he had a case manager from Highmark contact him because they heard through the grapevine that he knew about brain injuries and they wanted to know where to go to find additional information on brain injuries because they thought a patient had symptoms of a brain injury even though the patient's chart did not show that they had a brain injury. The patient was in an auto accident although nothing was noted in their chart mentioning a brain injury. She believed that the patient had symptoms of a brain injury. He referred her to the Brain Injury Association of America to look up the basic symptoms of a /brain injury to see if they matched the patient's symptoms. If they matched, he advised her to contact the Brain Injury Association of America for additional information.
- Christine advised that perhaps the easiest thing to do to start out with is to provide information to the case managers at the hospitals because the hospitals are the ones who make the initial diagnosis.
- Tammy felt like we need to essentially start at the beginning and disagreed somewhat with what Nancy said early on even though she knows how Nancy

intended the information. When Tammy hears from neurologist offices that nobody knows for instance that there is a [Brain Injury Association of Delaware](#) (BIAD) or a [Brain Injury Committee](#) (BIC) she also made an assumption of presuming that nurses were educated on the subject. Tammy stated that she previously made a lot of assumptions thinking that those were the people who knew all of the information on brain injuries and that the rest of us were working with to increase our knowledge to their levels. Now she believes that while we do not need to teach them what a brain injury is; this subcommittee needs to focus on getting out the word that: (1) there are some service providers or places available to find information on brain injuries because we now know that people keep stating that they had no idea about the BIAD or the BIC or about any of us in the room who are out there every day doing what we do; (2) to share information relating to available support groups; and (3) the state websites that list all of the different agencies that are available. What information is it that we want to start disseminating? Christine responded that the main information that this subcommittee needs to start disseminating is about the TBI Fund. That is the main item to start promoting.

- Nancy mentioned a letter that she previously prepared to send out with information from her and John McNeal to some providers although she is not sure who all received it that was specific to the Traumatic Brain Injury Fund. Perhaps this is a place to start. We need to find out where John already sent the letter so this subcommittee does not have to duplicate what was already done or reinvent the wheel. She believes the letter was done sometime in the winter following a BIC meeting and stated that perhaps it has not gone out at all. In that case this subcommittee could just tweak the letter and figure out who we want to send it to.
- Tammy brought it all the way back to the ground level by inquiring: What is it that we want to send out? Once she has an idea of what it is that we want to send out or determine who the subcommittee is targeting then we can figure out what they should receive. We have a lot of information and it sounds like this subcommittee is thinking that it is kind of overwhelming. Who are we going to give what to? What do they need to know? If she is understanding correctly, we will start with providing information on the Traumatic Brain Injury Fund to providers will benefit from receiving that information.
- Carey inquired if physicians were well educated on brain injury patients visiting their office with specific symptoms. Are they educated enough on brain injuries to think about symptoms perhaps being caused by a brain injury even if it is not in the patient's file or when patients themselves may not even realize it? Carey shared some information from his personal experience with brain injury that he is still working with, with his family physician. While physicians care about their patients they may not always know what to do for them. If symptoms are not really blatant, they could result from something else. Tammy shared personal information from her

own experience with brain injury symptoms relating to having to first complete a primary care physician's progressive diagnostic checklist to determine the cause. Providing symptoms that may potentially result from a previous brain injury may prove helpful in eliminating a lot of costly, unnecessary diagnostic testing and provide greater patient satisfaction with treatment plans.

This subcommittee's initial goal is to get physicians asking the right questions. Did you experience a fall or hit your head recently? Did you experience a sport injury to your head? Were you in a car accident? Physicians don't typically think in this realm when a patient presents with headaches even if they are severe unless we provide them with the information and symptoms to make them think about the possibility of symptoms relating to a brain injury.

- If this subcommittee targets family practices then anyone visiting their doctor may have the chance to see this information and recognize their symptoms in order to mention it to their doctor. It may assist patients with recalling information.
- **ACTION ITEM:** Do we have anyone on any of our committees that could offer CEUs so we could present educational training to doctor's offices and nurses? Sharon Lyons is a nurse. Offering CEU accreditation would provide an excellent foot in the door type of opportunity for increasing brain injury trainings. Would this include going from practice to practice or trying to offer the training collectively? Yes? Training for practice to practice usually involves offering donuts or sandwiches in order to talk to a few staff members. However, for large practices and home healthcare agencies, offering CEU accredited training is better because there is usually nursing or therapy involved with home healthcare agencies. If we can offer CEU accreditation it will provide us with a captive audience for brain injury training. **ACTION ITEM:** Who would give this education course? Unknown at this time as this subcommittee is just looking into available options to get the word out. Tammy felt that the subcommittee's members would act as the educators due to their knowledge and experience with the subject matter. Therefore, the Brain Injury Committee, Prevention & Outreach Subcommittee would assume the role of educators.
- Andrew shared that Ester Curtis who worked for the Point of Hope was required to lead an education seminar for caseworkers and nurses. She had a fantastic presentation that was basic but informative at the same time and that probably included a lot of these pamphlet's basic information. Ester is now with Bayhealth although she used to be the president of the Brain Injury Association of Delaware. Andrew will try to find a hard copy of her presentation to share with members. Andrew advised that Ester's presentation was from approximately 5 or 6 years ago and since then there is significantly more information that is available for development of an educational program. Is there an accredited course that would provide CEUs already available that would count toward licensure if taken? Yes, they can take the Brain Injury Association of America's Certified Brain-Injury Specialist (CBIS) course or the Academy of Certified Brain Injury Specialist (ACBIS) course.

However, we may have to go through a process to see if we can try and get a course approved for CEUs. Tiffani advised that Post-Acute Medical Rehabilitation Hospital is developing a CEU program; however, she is unsure if once approved they could incorporate it into the prevention and outreach.

- **ACTION ITEM:** Who should this committee target to receive the information? Case managers at the hospitals, case workers at social services (e.g. Stokley Center, Easterseals, DHSS, Aging & Disability Resource Center (ADRC), Highmark, and Amerihealth), whoever does case management for TBIs when they leave the hospitals and rehabilitation facilities, individuals involved with discharge planning and referrals for services and insurance case managers. Day programs might be another avenue to look into because they probably serve adults with brain injuries.
- **ACTION ITEM:** This subcommittee is agreeing to start by sending a letter outlining Delaware's Traumatic Brain Injury Fund as a resource. Additionally, all of the groups previously mentioned could receive additional pieces of information beside the TBI Fund like the education piece or the brain injury symptoms list. Subcommittee members agreed to approach this one piece at a time.
- **ACTION ITEM:** Christine advised that the first thing this subcommittee should do is to start by introducing this committee and let people know that we have Delaware's TBI Fund available with a quick letter explaining that if they need further services they can go to the TBI Fund website, contact the Brain Injury Association of America, or one of the Prevention & Outreach Subcommittee members. It is direct, to the point, and lets providers know that we are here if they need us.
- Nancy agreed that what Christine outlined was an excellent way to start and will follow-up by checking on the status of the letter that she and John wrote. We may want to check to find out who John already sent the letters out to before sending any letters. **ACTION ITEM:** Each subcommittee member should take a group to provide email addresses and contact information whether the letters are going to come from the subcommittee member or Dee or whomever. This way, whomever is sending the letters out is not having to compile a list of all the case managers, etc.
- **ACTION ITEM:** Nancy volunteered to obtain a list of contacts to send the information to at the ADRC and caregiver resource centers. Christine volunteered to obtain contact information for case managers at the hospitals. Christine will contact Dee to see how we can start disseminating this information.
- Nancy suggested sending information also to home health agencies – either to the home care advisors or to those who provide non-medical services along with the providers who do therapy services. This would allow for trickle down information because physicians are referring patients to therapy care and if they are not knowledgeable the information will help them and brain injury survivors. For the home care agencies it is in their best interest to say that an individual's therapy is getting cut off; however, the individual may want to try applying to the Delaware

Traumatic Brain Injury Fund for additional services. Not as a substitute for, but in addition to, existing services provided by healthcare insurance, LTSS, etc.

- **ACTION ITEM:** Christine will check with Dee to see how we can get the information out once the subcommittee gets everything together. Nancy will provide Christine with a copy of the letter previously created and Christine will work on tweaking that into a prevention and outreach type of communication. The next time that this subcommittee meets, members can review the letter to see if anyone wants to add anything or subtract anything. Christine will check with Dee to see how we will work the mailing even if we have to do a mass mailing; although with email the providers can control click on the link to go directly to the resource website.
- Andrew clarified that the initial letter, which is basically, if he understands, about the Delaware Traumatic Brain Injury Fund, is going to act as this subcommittee's "hook." It will also provide information stating: "If you need further information on services..." Would it help if we included a shortened bulleted list of what some of those other services are? E.g. education
- Tammy advocated the benefit of subcommittee member interactions and the initial letter including a link to the State of Delaware website that has a whole list compiled of a variety of state agencies that work with people with brain injuries.  
<https://www.dhss.delaware.gov/dhss/dsaapd/index.html> E.g. For further brain injury resources, follow this link or if you have additional questions, contact \_\_\_\_\_ in Sussex County, \_\_\_\_\_ in Kent County; or \_\_\_\_\_ in New Castle County.
- Andrew inquired if subcommittee members were going to notify the individuals first to forewarn them that we are about to blanket the state with the letter that has their name and number attached to it so that they do not receive calls and respond with "well, I don't know anything about this." Andrew frequently calls state agencies and hears the "I don't know anything about that" or "I don't know who I can send you to for information on that topic."
- Christine clarified that the people that the providers would contact for those services or questions e.g. "where can I find this kind of service or that kind of service?" would already know because they do referrals every day. **ACTION ITEM:** This committee needs to determine specifically who those people are. Should committee members field the information requests or should it be someone else? Andrew advocated for not sending out letters that refer to sources of information for someone to call the number only to receive a non-answer. However, we also don't want the letter so long that recipients don't have time to read it and end up calling us because they don't have time to read everything. This is why Christine wants to keep it short and sweet.
- Nancy stated that she loved the handouts on "Facts about PBA". She thinks that it would be great to target the Alzheimer's Association, The Parkinson's groups throughout Delaware, and the disease physicians. There is a huge Alzheimer's Association in Delaware. Do they really know that much about brain injuries? There

is also a 200 + member Parkinson group in Sussex County with a few subgroups throughout Delaware. Nancy feels that it might be important to share this information because we do not know how much they really know. Would this type of injury qualify for Delaware's TBI Fund? No, because it has to be a traumatic brain injury! We need to ensure that we are referring everyone to the Brain Injury Association of America. **AGENDA ITEM:** This is another topic for our next meeting. Andrew stated that even if something does not fall under the Delaware Traumatic Brain Injury Fund, now we have them interested in our information loop.

- Christine believes that the links contained in the original letter should include the [Delaware Aging and Disability Resource Center \(ADRC\)](#), the [Brain Injury Association of America \(BIAA\)](#) or the [Brain Injury Association of Delaware \(BIAD\)](#) or both and the [Delaware Traumatic Brain Injury Fund](#) website. Tammy shared information that because the call volume has increased exponentially with Sharon taking all of the calls, the BIAD is looking internally at perhaps having some interns answer phone lines to provide basic generic brain injury information. The increase is due to the BIAA referring sister state calls to BIAD since Sharon is such a wealth of information.
- Nancy shared that on the Easterseals website and a lot of other websites they have a "contact us" page for visitors to ask a question. For Easterseals all of the requests come to Nancy for her to triage and answer them. However, on the BIAD website it looks like it only provides a phone number. Perhaps this is a suggestion that BIAD could look into adding to their page. Tammy advised that the number listed is the BIAD office phone line; however, there is not necessarily someone at the other end of the phone who is going to be there to give someone an hour or two of their time like Sharon does. Having information come in from the contact us page is great because then we are able to respond via email. See example of Easterseals [contact us](#) page. Tammy advised that she will discuss this with Kristy. Nancy stated that Easterseals tries to respond in one business day. Most inquiries may only need basic resource referrals and not an in-depth call. Phone calls are hard to respond to all of the time. Easterseals does follow up personally after sending an email response first.
- Andrew inquired if we may need something similar when we begin blanketing information with the letter. Christine said that no, we will originally direct them to our website. We should begin by educating the agencies that we are including as links that we are including them in the letter and on our website. It is not like we are jackpotting someone, we are referring to already developed resources including the Delaware Developmental Disabilities Services who work with adult day care centers. People used to be able to contact the agencies independently because the person in charge and their phone numbers were available on their websites; however, now it all goes through the ADRC portal to obtain answers to questions.
- **AGENDA ITEM:** The next time the subcommittee meets we can get the letter set in stone.



- **ACTION ITEM:** Subcommittee members need to gather email addresses or contact information before the next meeting keeping in mind that the more we can send out electronically the better because electronic doesn't cost us anything and U. S. Mail will cost us 0.50 cents per letter or \$1.00 if the letter weighs more than 3 ounces.
- Christine advised that once the information about the TBI Fund is set in stone and disseminated the subcommittee can proceed with doing outreach to the physicians because the main priority of this subcommittee was getting information out about Delaware's Traumatic Brain Injury Fund.
- **ACTION ITEM:** Tammy volunteered to obtain contact information for family practices in Kent County. Andrew is aware of a huge list of adult day services programs in Delaware with adult day care being a much smaller list that contains email addresses and volunteered to send the information to Christine. Tiffani Taylor volunteered to obtain contact information for home health agencies because she is currently working with them. Dorothy Prior volunteered to obtain contacts from a list of day services programs that are contracted with DDDS as well as a list of case managers across the state for DDDS. Community Navigators are contracted with DDDS so Dorothy Prior also volunteered to obtain a list by county for this area.
- In response to a question, Dorothy advised that for someone to qualify for DDDS services for a TBI they would have had to have the TBI occur before they were 22 years-of-age. She advised that they do have cases that are appealed but unfortunately, it is strictly for the age at which the person sustained the injury. This is particularly sad because it is in their eligibility regulations that the person's disability had to have occurred before the age of 22. Nancy stated that this would be the only downside of reaching out to everyone in DDDS. Dorothy advised that there are people with in-services who have TBIs. Dorothy does not think that there is anything that would prohibit those who receive services from DDDS even if they are receiving services that are waived even if they are federal. DDDS receives a match for the services that they provide with state funds. There is nothing that would prohibit those individuals from having access to monies from the TBI Fund is there? Nancy responded no, although the client would have to show a denial from their MCO or that with whatever DDDS is doing now in terms of covering assistive technology and similar things. The applicant would need a denial. Andrew inquired if someone who is eligible for DDDS but not because of a brain injury who may also have a brain injury as a secondary diagnosis would qualify for TBI Funds. Dorothy believes that there is a population of people who would fall under that category. DDDS case managers would be aware of these individuals. A lot of it would depend upon whatever type of therapy they are requesting. Bayada and Interim are consultative nurses for DDDS for home patients and group homes. For these individuals to qualify we would need to obtain the insurance denials like we do for any other applicant for whatever they are requesting. Also, whatever they are requesting needs to be directly related to their brain injury not related to their intellectual disability or

something else. In response to a question about Columbus Organization, Dorothy responded that Columbus Organization is for individuals who receive services from DDDS or who are eligible to but perhaps are too young to access the services that DDDS provides through their waiver. She stated that they do not provide services for anyone who is under the age of 18 through their waiver. For those under 18 years-of-age the only thing that DDDS offers is respite services and targeted case management through Columbus Organization. The Columbus Organization does not handle transitioning out of group homes into a home setting. Dorothy stated that unfortunately, that does not happen very frequently. We are trying to transition people out of long-term care to community living (E.g. out of nursing homes) and are setting the group homes up in community living settings. Typically group home settings are for 4 or 5 individuals.

- Need to come up with a day for the next subcommittee meeting. Do we have to meet monthly? It is left up to us, it may be worthwhile to start out meeting monthly and change it later. Meet next month to get everything finalized and then meet again in October.
- **ACTION ITEMS:** Christine will contact Dee to send out a Doodle Poll and if we can't meet in August then perhaps we can meet in September.

## **NEW BUSINESS**

- None

## **ACTION & FOLLOW-UP ITEMS**

- Availability of SCPD Funding for the P & O Subcommittee mailings.
- Create an introductory letter to introduce this subcommittee and make providers aware of the Delaware's TBI Fund.
  - Include handouts with letters or provide a link to website for providers to access for printing additional copies for dissemination?
  - Categorize information by recipient type.
  - For additional information visit the TBI Fund website, contact the Brain Injury Association of America, or one of the Prevention & Outreach Subcommittee members.
  - Provide contact information for P & O Subcommittee members.
- Initial target audience includes: Hospital case managers, Social Service Center case workers (e.g. Stokley Center, Easterseals, DHSS, Aging & Disability Resource Center (ADRC), Highmark, and Amerihealth), TBI case managers for hospitals and rehabilitation

facilities, discharge planners, referral service providers, insurance case managers and day programs managers.

- Provide contact or mailing information for providers being sent introductory letter.
- How do we as a subcommittee get back in touch with letter recipients to provide additional or updated information?
- Could we do different radio talk shows, Delmarva LIFE or something similar?
  - Volunteer to contact radio talk shows and Delmarva LIFE to schedule a time to talk and share information on brain injury services in Delaware.
  - Who will do the actual talking?
- Group information specifically to types of doctors, therapists, traumatic therapists, etc.
- Do we have anyone on any of our committees that could offer CEUs so we could present educational training to doctor's offices and nurses? Offering CEU accreditation would provide an excellent foot in the door type of opportunity for increasing brain injury trainings.
  - Need volunteer to check into what is required for the subcommittee to offer CEUs.
  - Who would give this educational course? Subcommittee members or someone else?
- Are we including the Brain Injury Association of America's Certified Brain-Injury Specialist (CBIS) course and/or the Academy of Certified Brain Injury Specialist (ACBIS) course with information on our website or in educational materials?
- Each subcommittee member should take a group to provide email addresses and contact information for dissemination of the letters.
- Nancy volunteered to obtain a list of contacts for the ADRC and caregiver resource centers. Christine volunteered to obtain contact information for hospital case managers. Tammy volunteered to obtain contact information for family practices in Kent County. Andrew volunteered to obtain contact information for adult day services programs in Delaware and adult day care programs. Tiffani Taylor volunteered to obtain contact information for home health agencies. Dorothy Prior volunteered to obtain contacts for day services programs that contract with DDDS as well as a list of case managers across the state for DDDS. Dorothy Prior also volunteered to obtain a list by county of Community Navigators contracted with DDDS.
- Obtain URL of State of Delaware website containing compiled list of state agencies that work with people with brain injuries
- Christine contact Dee regarding SCPD mailing process.

- Obtain subcommittee member's contact information for each county.
- Determine specifically who individual referral source people are. Should committee members field the information requests or should it be someone else?
- Does the TBI Fund need a specific "Contact Us" web form page to receive inquiries?
- Subcommittee members need to gather email addresses or contact information before the next meeting keeping in mind that the more we can send out electronically the better because electronic doesn't cost us anything
- Christine will contact Dee to send out a Doodle Poll for the next Subcommittee meeting.

## **ANNOUNCEMENTS**

- None

## **NEXT MEETING**

- September 9, 2019 from 12:45 – 1:45 p.m. at the Smyrna Rest Area conference room prior to the BIC meeting.

## **ADJOURNMENT**

- Tammy Clifton made a motion to adjourn the meeting that Andrew Burdan seconded. Christine called for discussion and hearing none, voting subcommittee members present unanimously approved the motion to adjourn.
- With no further business to discuss the meeting adjourned at 3:30 p.m.